



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No. : 10/825,359  
Applicant : GIBSON, PETER  
Filed : APRIL 16, 2004  
Title : IMPLANTABLE DEVICE HAVING OSSEointegrating  
PROTUBERANCES  
  
Art Unit : 3762  
Examiner : TO BE ASSIGNED  
  
Atty Docket No. : COCH-0009-1

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The below-identified communication(s) is (are) submitted in the above-captioned application or proceeding:

- Patent Fee Transmittal for FY 2004 and Deposit Account Authorization.
- Response to Notice of Missing Parts
- Declaration (1 sheet)
- Application Data Sheet (2 sheets)
- Copy of Notice of Missing Parts
- Copy of Patent Fee Transmittal.
  
- The Commissioner is hereby authorized to charge payment of any fees associated with this communication, including fees under 37 C.F.R. §§ 1.16 and 1.17 or credit any overpayment to **Deposit Account Number 10-0233-COCH-0009-1**.

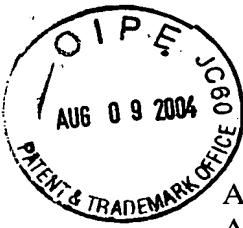
Respectfully submitted,

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Ajay A. Jagtiani  
Registration Number 35,205

**JAGTIANI + GUTTAG**  
Democracy Square Business Center  
10363-A Democracy Lane  
Fairfax, Virginia 22030  
(703) 591-2664

August 9, 2004



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**RESPONSE TO NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL  
APPLICATION FILED UNDER 37 CFR 1.53(b)  
AND REQUEST FOR CORRECTED FILING RECEIPT**

Sir:

This is in response to the Notice to File Missing Parts of Nonprovisional Application dated June 25, 2004, the period for response to which is set to expire on August 25, 2004. Submitted herewith is the executed Declaration in compliance with 37 CFR 1.63 identifying the application by the above application number and filing date.

In addition, enclosed is a corrected Application Data Sheet that shows Peter Gibson's new address information for the above-identified application.

The Commissioner is hereby authorized to charge \$130.00 (the **LARGE ENTITY** fee) and any additional fees which may be required under 37 CFR 1.16(e) or credit any overpayment to **Deposit Account No. 10-0233 COCH-0009-1**.

Please note that Applicant is a **LARGE ENTITY**, but was erroneously listed as a small entity on the filing receipt. On the fee transmittal form, a copy of which is enclosed, the large entity fee was designated, even though through an unintentional clerical error, the small entity status was checked. No small entity status was checked on the utility transmittal sheet. The Applicant has previously authorized Commissioner to withdraw the fee of \$2,080.00 from Deposit Account No. 10-0233 COCH-0009-1 to cover the basic filing as a large entity. Appropriate correct is respectfully requested.

**Serial No. 10/825,359**

Please direct any inquiries in connection with this application directly to the undersigned.

Respectfully submitted,



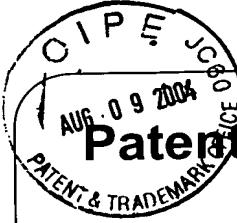
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Ajay A. Jagtiani  
Registration Number 35,205

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Democracy Square Business Center  
10363-A Democracy Lane  
Fairfax, Virginia 22030  
(703) 591-2664

August 9, 2004

Attachments:	Declaration	(1 sheet)
	Application Data Sheet	(2 sheets)
	Fee Transmittal Form	(1 sheet)



# Patent Fee Transmittal for FY 2004

Applicant Claims Small Entity Status 37 C.F.R. 1.27

**TOTAL AMOUNT OF PAYMENT** **\$2,080.00**

Application Number	To be assigned
Filing Date	Concurrently
Named Inventor	Peter Gibson
Examiner Name	To be assigned
Art Unit	To be assigned
Attorney Docket No.	COCH-0009-1

## FEE CALCULATION

### 1. Basic Filing Fee

Large Entity	Small Entity	Description	Paid
Code	(\$)	Code	(\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
1609	730	2609	365
1610	770	2610	385
1611	1,080	2611	540
1612	100	2612	50
1613	920	2613	460
<b>Basic Fee Subtotal</b>			<b>\$ 770</b>

### 2. Extra Claim Fee

#### a. Claims as Filed

Total Claims	88	-20	=	68	x
Independent	4	-3	=	1	x
Multiple Dependent					

Large Entity	Small Entity	Paid		
Code	(\$)	Code	(\$)	Paid
1202	18	2202	9	\$ 1,224
1201	86	2201	43	\$ 86
1203	290	2203	145	\$ -

#### b. Claims as Amended

Total Claims	0	-	Highest Paid	*	Present Extra
Independent	0	-	0	**	= 0
First Presentation of Multiple Dependent					

Large Entity	Small Entity	Paid		
Code	(\$)	Code	(\$)	Paid
1202	18	2202	9	\$ -
1201	86	2201	43	\$ -
1203	290	2203	145	\$ -

**Extra Claim Fee Subtotal** **\$ 1,310**

### 3. Additional Fees

Large Entity	Small Entity	Description	Paid
Code	(\$)	Code	(\$)
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1460	130	1460	130
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1504	300	1504	300
1814	110	2814	55
1811	100	1811	100
(cont.)			

### 3. Additional Fees (cont.)

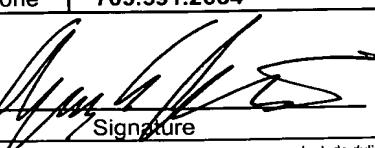
Large Entity	Small Entity	Description (cont.)	Paid
Code	(\$)	Code	(\$)
8021	40	8021	40
1806	180	1806	180
1801	770	2801	385
1809	770	2809	385
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1807	50	1807	50
1812	2,520	1812	2,520
1804	920	1804	920
1805	1,840	1805	1,840
1810	770	2810	385
1802	900	1802	900
1551	910	2551	455
1552	2,090	2552	1,045
1553	3,220	2553	1,610
1554	130	2554	65
Other fee			

**Additional Fee Subtotal** **\$ -**

### METHOD OF PAYMENT

Deposit Account No. **10-0233-COCH-0009-1**

The Commissioner is hereby authorized to charge the amount shown above and any additional fees which may be required under 37 CFR 1.16, 1.17, 1.18, 1.20 and 1.492 or credit any overpayment to the deposit account number listed above.

Name	Ajay A. Jagtiani	Reg. No.	35,205
Firm	Jagtiani + Guttag		
Address	10363-A Democracy Lane, Fairfax VA 22030		
Telephone	703.591.2664	Fax	703.591.5907
		Date	April 16, 2004
Signature			

Include duplicate copy if paying by deposit account



# Patent Fee Transmittal for FY 2004

Applicant Claims Small Entity Status 37 C.F.R. 1.27

**TOTAL AMOUNT OF PAYMENT** **\$130.00**

Application Number	10/825,359
Filing Date	April 16, 2004
Named Inventor	Peter Gibson
Examiner Name	To be assigned
Art Unit	3762
Attorney Docket No.	COCH-0009-1

## FEE CALCULATION

### 1. Basic Filing Fee

Large Entity	Small Entity	Description	Paid
Code	(\$)	Code	(\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
1609	730	2609	365
1610	770	2610	385
1611	1,080	2611	540
1612	100	2612	50
1613	920	2613	460
<b>Basic Fee Subtotal</b>			<b>\$</b> -

### 2. Extra Claim Fee

#### a. Claims as Filed

Total Claims	88	-20	=	68	x	Large Entity	Small Entity	Paid
Independent	4	-3	=	1	x	1202	18	2202
Multiple Dependent						1201	86	2201

#### b. Claims as Amended

Total Claims	After Amnt	Highest Paid	Present Extra	Large Entity	Small Entity	Paid
Total Claims	0	0	*	0	x	1202
Independent	0	0	**	0	x	1201
First Presentation of Multiple Dependent				1203	290	2203

\* Less than 20, enter 20 \*\* Less than 3, enter 3

**Extra Claim Fee Subtotal**

**\$** -

### 3. Additional Fees

Large Entity	Small Entity	Description	Paid
Code	(\$)	Code	(\$)
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1460	130	1460	130
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1504	300	1504	300
1814	110	2814	55
1811	100	1811	100
(cont.)			

### 3. Additional Fees (cont.)

Large Entity	Small Entity	Description (cont.)	Paid
Code	(\$)	Code	(\$)
8021	40	8021	40
1806	180	1806	180
1801	770	2801	385
1809	770	2809	385
1051	130	2051	65
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1805	1,840	1805	1,840
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1802	900	1802	900
1551	910	2551	455
1552	2,090	2552	1,045
1553	3,220	2553	1,610
1554	130	2554	65
Other fee			

**Additional Fee Subtotal**

**\$** 130

### METHOD OF PAYMENT

- Deposit Account No. **10-0233-COCH-0009-1**
- The Commissioner is hereby authorized to charge the amount shown above and any additional fees which may be required under 37 CFR 1.16, 1.17, 1.18, 1.20 and 1.492 or credit any overpayment to the deposit account number listed above.

Name **Ajay A. Jagtiani** Reg. No. **35,205**

Firm **Jagtiani + Gutttag**

Address **10363-A Democracy Lane, Fairfax VA 22030**

Telephone **703.591.2664** Fax **703.591.5907**

August 9, 2004

Date



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

IFW  
JH

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/825,359	04/16/2004	Peter Gibson	COCH-0009-1

22506  
 JAGTIANI + GUTTAG  
 10363-A DEMOCRACY LANE  
 FAIRFAX, VA 22030



CONFIRMATION NO. 8104

## FORMALITIES LETTER



\*OC000000013070919\*

Date Mailed: 06/25/2004

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is **\$65** for a Small Entity

- **\$65** Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria VA 22313-1450

08/10/2004 HVU0N61 00000127 100233 10825359

01 FC:1051 130.00 DA

*A copy of this notice **MUST** be returned with the reply.*

Dina Wolde

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE